

REGISTRATION FORM

- This form must be completed in its entirety by an adult, 18 years and older.
- If you do not wish to share your contact information with the instructor, check here ☐
- ONE FORM PER FAMILY

Registration begins April 9

Online: http://www.fayettecountyga.gov/parks_and_recreation/OnlineRegistration.htm

Mail: 140 Stonewall Avenue West, Fayetteville 30214

Walk-in: 980 Redwine Road, Fayetteville, 30215

Parent/ Guardian Name: _____

Address _____ City _____ Zip _____

Email Address _____ Home Phone _____ Cell _____

Please check the appropriate box for the location in which you live: ☐ City of Fayetteville ☐ Peachtree City ☐ Town of Tyronne

☐ Unincorporated Fayette County

☐ Town of Brooks

☐ Town of Woolsey

Participant Name	Activity Title	Course Code	Age	Date	Time	Fee
TOTAL						

All fees are payable in advance to Fayette County Parks and Recreation Department. A person is considered registered when a payment is accompanied with a registration form. Acceptable forms of payment are cash, check, money order, online credit cards, e-checks, or debit cards. Individuals must verify that their registration information has been received.

FCRD REFUND POLICY

- 1) Classes that do not attain the minimum enrollment will be cancelled two days before the scheduled start and participants will receive a full refund.
- 2) Refunds will be given to participants if requested in writing at least five work days before a class/program/trip. A 25% administration fee will be charged for any written request.
- 3) Refunds will be given after a class/program/trip begins only with a doctor's statement of the participant's incapacitation, illness, or injury within five work days from the start of the class.
- 4) If payment is made online with Paymentus, there will not be a refund for the service fees.

WAIVER FOR PARTICIPANT

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child. I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the county and department web sites, and in any other publications produced for Fayette County Parks and Recreation Department. Consent is also granted for any use of my name /child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise.

Name _____ Date _____

Participant acknowledges by signature and date all information provided is correct and accepts out cancellation and refund policy.

MODIFICATION NEEDED?

Do you need a modification due to a disability to enjoy this program? If so, check here. ☐

All checks and money orders should be made payable to FCRD!

Payment Type: ➔ Cash ➔ Check # _____ ➔ Money Order

PROGRAM EVALUATION

We are striving to make our programs the best they can be for you and the community. We value your opinions and ideas. Please take the time to complete our online evaluation on the web site and give us your opinion. We take these results and consider them carefully when planning programs and activities.